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PROPOSED OVERHAUL OF HEAD START COULD AFFECT THOUSANDS OF CHILDREN IN NEW YORK'S 28TH CONGRESSIONAL DISTRICT

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EXECUTIVE SUMMARY

For almost forty years, the Head Start program has assisted low-income preschool children and their families, establishing a comprehensive early-learning environment and assisting children and families with a variety of social and medical needs that affect school success. The program has provided services to over 20 million children since its inception in 1965. Currently, over 900,000 children are enrolled in almost 2,600 local Head Start programs.

Although Head Start has a well-documented record of improving the education and health of participating children, the Bush Administration and Republicans in Congress are proposing legislative changes that Head Start advocates call a “radical departure” that would “gravely endanger” the program. In fact, the House of Representatives will soon vote on legislation that would allow some states to turn the program into a “block grant,” under which states would receive a lump sum payment from the federal government with few requirements for accountability and the types of services that must be provided.

At the request of Rep. Louise McIntosh Slaughter, this report analyzes the impact of these potential changes on low-income children in the 28th Congressional District in New York. The analysis finds:

- **Thousands of children in the 28th Congressional District attend Head Start programs.** There are 3,332 children enrolled in 43 Head Start programs in Rep. Slaughter's district. The vast majority of these children (92%) are living in families that receive public assistance or have incomes below the federal poverty line.
- **Head Start's comprehensive medical and social services provide important benefits to these children.** In the 28th Congressional District, 94% of Head Start children have received basic primary health care, and 89% have a continuous, accessible source of dental care. The program has also provided mental health services to approximately 150 children in the district and has provided assistance to over 400 children with disabilities.
- **Children in Head Start in the 28th Congressional District are more likely to receive necessary medical services than other low-income children.** The children enrolled in Head Start in the district are twice as likely as other low-income children to receive basic medical care and nearly four times as likely to receive dental care.
- **Proposed changes to Head Start could have a profound impact.** Proposals before Congress, supported by the Bush Administration, could turn Head Start into a “block grant” in at least eight states. If applied to New York, these changes could result in a reduction or elimination of the comprehensive services that are provided to children in Head Start in the 28th Congressional District.

THE SUCCESS OF THE HEAD START PROGRAM

The Head Start program was created in 1965 with the goal of preparing at-risk children for education and success in life. The program consists of two main elements.

First, it provides pre-school classes for children aged three to five, exposing these children at a young age to a scientifically based classroom learning environment and curriculum that teaches reading, writing, mathematics, and language skills and prepares them for their formal education.

Second, recognizing that success inside the classroom requires that children be physically and mentally healthy, with a stable home life, the program also provides an array of other services for children and families: assistance with medical screenings and treatment, assistance with dental screenings and treatment, mental health assessments, screening and treatment for speech and language impairments, nutrition, parenting education, adult literacy, and a variety of services for pregnant women and families of children in the program.

According to experts, “the Program targets the nation’s poorest children, helps them obtain good health care, encourages practices that prevent future illness and injuries, identifies health problems, and promotes healthy practices — all of which enhance school readiness and future educational success.”¹

The Head Start program has a proven record of success. Studies have shown that:

- (1) Head Start narrows the gap between disadvantaged children and other children in vocabulary, writing skills, and social behavior;²
- (2) Head Start children are less likely to repeat a grade, require special education, or be convicted of a crime;³
- (3) Head Start children show IQ gains compared to low-income children who are not in the program;⁴ and
- (4) Head Start children are more likely to graduate from high school and college.⁵

¹ National Head Start Association, *Position Paper: A Look at Head Start’s Health Services and Their Value to Our Nation’s Poorest Children* (2003).

² U.S. Department of Health and Human Services, *Head Start FACES: Longitudinal Findings on Program Performance* (Jan. 2001).

³ E. Garces et al., *Longer Term Effects on Head Start*, American Economic Review, 92, 4:999-1012 (Sept. 2002).

⁴ Janet Currie and Duncan Thomas, *Does Head Start Make a Difference?*, American Economic Review, 85, 3:341-364 (1995).

⁵ *Longer Term Effects on Head Start*, *supra* note 3.

CHANGES TO HEAD START PROPOSED BY THE BUSH ADMINISTRATION AND REPUBLICANS IN CONGRESS

Despite the success of the program, Congress is currently debating legislation based on a proposal by the Bush Administration that would radically overhaul the Head Start program. The proposal was passed by the House Committee on Education and the Workforce on June 19, 2003, on a party-line vote.⁶ The full House is expected to debate this proposal in July.

The legislation would turn the Head Start program, which is now a federal program with numerous guidelines and requirements that local programs must meet, into a state "block grant" in certain states. Under the legislation, up to eight states would be granted federal funding for the program, but would no longer be subject to federal requirements, such as those that require programs to provide a high level of quality comprehensive educational, medical, dental, and other services. The legislation would also allow states to divert funds from the Head Start program to other early childhood programs in the state. According to analysts, the eight-state pilot program is "a precursor to transforming the entire program into block grants."⁷

OBJECTIVE AND METHODOLOGY

This report was requested by Rep. Slaughter, who represents the 28th Congressional District, which is located in northwest New York and contains Rochester and part of Buffalo. Rep. Slaughter requested this report in order to determine the potential impacts of the proposed overhaul of the Head Start program.

To conduct this analysis, the Special Investigations Division obtained and analyzed the Head Start "Program Information Report" database. Every year, each Head Start program must fill out a detailed survey on the characteristics of the program and the children within it. This survey includes detailed questions on enrollment, attendance, staffing levels, demographics, and medical, dental, and mental health conditions of children in the Head Start program.

After completion, survey forms are sent to the Head Start central office and compiled into the Program Information Report database. The Special Investigations Division obtained this database, which contains detailed records from approximately 2,500 Head Start programs with approximately 900,000

⁶ The legislation, H.R. 2210, was passed by the Committee by a vote of 27–20, with 27 Republicans in favor and 20 Democrats against.

⁷ *House Panel Approves Revisions for Head Start*, Washington Post (June 13, 2003).

children in 50 states. Using this database, the Special Investigations Division obtained information on the characteristics of children and families that participate in Head Start programs in the 28th Congressional District.

FINDINGS

Thousands of Children Attend Head Start Programs in the 28th Congressional District

Data from the Head Start program indicate that there are 3,332 children enrolled in Head Start programs in the 28th Congressional District. There are 43 Head Start centers in the district, with a total of 148 classrooms. Ninety-two percent of children in the program — 3,081 children — live in families that receive public assistance or have incomes that are below the federal poverty line. Sixty-seven percent of these children (2,241 children) are black, 17% (562 children) are white, and 11% (366 children) are Hispanic. Seventy-eight percent of families with children in the program are single-parent families.

Children in the Head Start Program in the 28th Congressional District Receive Comprehensive Health Services

The Head Start program guidelines require individual programs to ensure that enrolled children receive the services necessary to prepare them for learning. As a result, children in the Head Start program receive significant assistance in obtaining basic medical care and screening and other services. For example, while many low-income families are eligible for health programs such as Medicaid, the Head Start program provides additional help for parents in navigating the program, scheduling appointments, and obtaining services such as immunizations for their children. As a result, in addition to receiving a scientifically-based academic curricula which teaches reading, writing, mathematics, and language skills, children in Head Start receive services that they would not otherwise receive if they were not in the program.

Medical and Dental Care

The data indicate that in the 28th Congressional District, 3,117 children in Head Start (94%) have received appropriate preventive and primary health care, including all appropriate tests and physical examinations. Medical problems, such as asthma, vision problems, or anemia, were found in 532 of these children, and 81% of these children received or are receiving treatment. Similarly, 3,174 children in the Head Start program in the district (95%) have received all necessary immunizations.

Head Start also provides significant assistance to children in obtaining dental care. In total, 2,974 children in Head Start in the district (89%) have a continuous, accessible source of dental care, and 82% have completed a dental exam.

These coverage levels significantly exceed coverage levels for other low-income children. Nationwide data show that only 46% of low-income children between the ages of three and five in the United States have had a single medical screening, and only 22% of these low-income children in the US have completed a dental exam.⁸ As these data indicate, children in Head Start in Rep. Slaughter's district are twice as likely to receive basic medical care and nearly four times as likely to receive basic dental care compared to other low-income children in the US.

Mental Health Services

Many children in the Head Start program in the 28th Congressional District receive mental health assessments, and if necessary, treatment, through the Head Start programs. According to Head Start data, mental health professionals were consulted by Head Start teachers in order to assist 148 children in 2002. In 71 of these cases, the mental health professional provided individual mental health assessments, resulting in dozens of families receiving individual help or outside referrals to assist with problems.

Disability Assessment and Treatment

Children in the Head Start program also receive screening for identified disabilities, often resulting in early intervention to help solve problems. According to data from the Head Start program, 415 children in the Head Start program in the 28th Congressional District were determined to have a disability. Almost 99% of these children were able to receive special education or other necessary services to treat their disability.

Assistance to Families

Children in the Head Start program often receive significant benefits due to services provided to their families, increasing the chances that at-risk children receive necessary support at home. In 2002, 2,771 families in the 28th Congressional District worked together with Head Start and family services advocates to develop Family Partnership Agreements, spelling out specific goals, responsibilities, and strategies to ensure the health and education of their children.

⁸ Center for Medicare and Medicaid Services, *Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program, State Form 416 Reports for 1999* (2002).

Block Granting Head Start Would Jeopardize These Services

Proposals supported by the Bush Administration and currently being debated in Congress would turn the Head Start program into a block grant in a number of states. Under the legislation, up to eight states would be allowed to accept federal funding for the program, but would no longer be subject to federal requirements, such as those that require programs to provide comprehensive medical, dental, and other services.

Advocates of the Head Start program have called these proposals a “radical departure” that would “gravely endanger the success” of children in the program.⁹ These advocates are concerned that states that accept the block grant proposal will weaken educational standards and eliminate or curtail the required comprehensive services.

According to the National Head Start Association, the Administration proposal “does nothing to ensure that states will be required to or be capable of providing these services to Head Start-eligible children, especially in a time of serious budget deficits.”¹⁰ The end result, according to the National Head Start Association, would be:

a hodgepodge of inconsistent and untested state government programs that either will serve fewer children than Head Start does now or will provide less comprehensive services to those children who are served.¹¹

A recent survey of state preschool programs confirmed some of these concerns. It found that when states ran their own preschool programs they frequently failed to provide the same level of comprehensive services as those required by the Head Start program. For example, the survey found that of the eight comprehensive services required by the Head Start program, not one was required in every state program. Almost 60% of states did not require dental health referrals; over 40% did not require mental health referrals.¹²

⁹ National Head Start Association, *supra* note 1. The National Head Start Association is a not-for-profit organization representing children and teachers in the Head Start program.

¹⁰ National Head Start Association, *Dismantling Head Start: The Case for Saving America's Most Successful Early Childhood Development Program* (Apr. 16, 2003).

¹¹ *Id.*

¹² W.S. Gilliam and C.H. Ripple, *What Can be Learned From State-Funded Pre-Kindergarten Initiatives? A Data-Based Approach to the Head Start Devolution Debate*, in E. Zigler and S.J. Styfco (eds.), *The Head Start Debates (Friendly and Otherwise)* (in press).

If the proposed changes to the Head Start program are put into effect in New York, children in the 28th Congressional District could be similarly impacted. The children and their families will lose the federal guarantee that provides medical and dental care, mental health assessments, and other services. Under a “block grant” approach, New York could reduce or even eliminate these costly services without impairing its eligibility for federal funds. This could jeopardize the provision of these services for the 3,332 children enrolled in Head Start programs in the 28th Congressional District.

CONCLUSION

The Head Start program provides services to 3,332 children in the 28th Congressional District. Head Start not only provides a high quality early-learning environment for these children, but it also ensures that they receive comprehensive medical, dental, and mental health services that have been shown to affect school readiness and academic success. Proposals before Congress, supported by the Bush Administration, would turn Head Start into a “block grant” in some states, potentially causing the reduction or elimination of the comprehensive services that are provided to children in Head Start.